Tribal Home Visiting Continuous Quality Improvement Collaboratives (THV CQICs): Supporting Family Engagement

The THV CQICs harnessed the strengths and expertise of tribal home visiting programs and brought together THV grantees in collaborative improvement projects to foster change and improvement, build CQI capacity, and engage in collaborative learning.

Background

The THV CQI Collaboratives was a new initiative within the Tribal, Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, administered by the Administration for Children and Families (ACF). This was the first time this type of effort was implemented broadly in tribal home visiting settings. ACF facilitated two Collaboratives simultaneously – the Family Engagement (FE) CQIC being one. The CQICs were implemented for 16 months, from January 2021 until April 2022.

Family Engagement: Importance of the Topic and the Gap

Home visiting family engagement involves the family connecting with and using the services of a program to the best of the family's and the program's ability. Authentic family engagement is dependent on strong relationships between families and home visiting program staff. When families feel safe, understood, and supported, they are more likely to engage in the full offerings of a home visiting program and, therefore, experience the full benefits of participation. This is especially the case in American Indian and Alaska Native (AIAN) communities, where trust and personal connection that honors cultural values are paramount.

Positive, goal-directed relationships develop over time through interactions between families and home visitors. Based on mutual respect and trust and fueled by families' passion for their children, home visitors affirm and celebrate families' culture, language, and tradition, provide opportunities for two-way communication, and engage in meaningful and authentic interactions. Furthermore, these relationships focus on what the home visitors can do to comprehensively promote child and family well-being, as described by the home visiting model/curriculum and implemented in each unique community.

Tribal home visiting programs, including those funded by the Tribal MIECHV program, implement

many strategies to promote family engagement, including building staff capacity to engage families successfully, ensuring that home visiting is valuable for the families, and responding to their basic needs in ways that are most meaningful to them. Yet, at times, these programs still struggle with adequate family engagement in home visits. Across programs, there are gaps between what we know works to support and empower families to engage in home visiting successfully and actual practice.

The THV FE CQIC focused on strengthening the engagement of families in Tribal MIECHV-funded home visiting programs, including improving the extent to which families receive the number of intended home visits.

What was Our Aim?

Ten grantee teams engaged in the FE CQIC to achieve the following SMART Aim:

By April 2022, show improvement in home visitor-family relationships, as measured by the Working Alliance Inventory.

(The Working Alliance Inventory evaluates collaborative relationships and assesses this therapeutic alliance; this measure was adapted for the home visiting setting, with home visitors reflecting and reporting on their relationships with enrolled families).

How Did We Accomplish the Aim?

Based on a literature review and consultation from faculty experts, improvement experts, and Tribal grantees, ACF created technical documents that established a common vision and mission, shared aim theory, measures, and change ideas, also known as the "Topic Toolkit." A foundational tool in this toolkit was the Key Driver diagram, which displayed the aim and a shared theory of how that aim would be achieved, including the primary drivers – what needed to be in place to accomplish the aim. These drivers ensured that:

1. The home visiting program had a competent and skilled workforce to develop goal-directed relationships with families;
2. The home visiting program's processes for initial contact with families fostered and supported goal-directed relationships;

3. The home visiting program formed and maintained effective ongoing partnerships with communities and referral partners;
4. The home visiting program and home visitors were responsive and continually built goal-directed relationships with families; and
5. The home visiting program had data tracking to assess family engagement, relationship building, and goal setting.

Grantee teams accessed the Topic Toolkit materials to focus on primary drivers, selected associated change ideas that might work in their particular contexts, and designed rapid Plan-Do-Study-Act cycles to test those changes and drive improvement.

(The Key Driver Diagram is included below).

How Did We Track Improvement?

In addition to collecting and reporting data on the aim, grantee teams regularly reported on a set of standardized process measures to track improvement across the Collaborative, including measures such as:

*   Number of trainings/professional development opportunities on core competencies (including relationship-based competencies) that home visitors attended
*   Percent of recommended individual and/or group reflective supervision sessions received by home visitors
*   Program capacity
*   Percent of families who continued to receive services or completed the program
*   Percent of families whose 1st home visit was 90-120 days ago and were still enrolled in the tribal home visiting program
*   Percent of families that received the recommended number of home visits

The Family Engagement Key Driver Diagram has been updated since the implementation of the EL&L CQIC, based on grantee experiences and feedback.

Tribal Home Visiting CQI Collaboratives

Family Engagement Key Driver Diagram

Primary Drivers

Secondary Drivers

SMART Aim

By April 2022, the Family Engagement CQI Collaborative will show improvement in home visitor-family relationships, as measured by the Working Alliance Inventory.

PD1. HV program has competent and skilled workforce to develop goal-directed relationships with families

1. HV program establishes relationship-based competencies.
2. HV program has training process to build confidence and capacity of HVs to apply core competencies with families.
3. HV program has regular processes to provide support to HVs in their professional well-being.

PD2. HV program's processes for initial contact with families foster and support goal-directed relationships between the home visitors and families

1. HV program has clear recruitment, intake, and enrollment processes
2. HV program has processes for identifying family's motivation and readiness to engage with the program and using that information to develop an appropriate engagement strategy and next steps
3. HV program's design supports goal-directed relationships (e.g., curriculum, group activities)

1. HV program maintains strong relationships with referral partners
2. HV program involves community partners in group events
3. HV program has trusting relationships and a positive reputation within the community
4. HV program communicates compelling messages about the benefits of the program

PD3. HV program forms and maintains effective ongoing partnerships with communities and referral partners

1. HV program has identified the points of highest vulnerability for families dropping out of the program* and is proactive and intentional in engaging families during this time
2. HV program continues to align with family's motivation and readiness to engage with the program
3. HV program and HVs acknowledge trauma experienced by families and the community, as well as the family/community strengths and examples of family/community resilience
4. HV program and HVs show persistence in connecting with families
5. HVs work with families and establish relationships to identify needs, create realistic goals, and access community resources to begin to address those needs
6. HVs balance the need for social support with the teaching of curriculum
7. HVs implement consistent opportunities to get feedback from families (including about their work towards achieving their goals), and share program data back to families (including goal-related data)
8. HVs encourage families to make connections to peers and community through group activities and community events
9. HVs tailor service delivery for family and incorporate culture, traditions, and values, as appropriate
10. HVs engage all family members (e.g., fathers, grandparents)

PD4. The HV program and HVs are responsive and continually build goal-directed relationships with families

PD5. HV program has data tracking to assess family engagement, relationship building, and goal setting

1. HV program tracks referrals, recruitment, enrollment, participation, and retention
2. HV program tracks identification of needs and goals, progress towards goals, and goal achievement
3. HV program monitors engagement during home visits beyond structural (e.g., dosage, frequency, duration) or proxy measures (e.g., parent satisfaction surveys) and reviews data with staff members to determine implications for family engagement

* E.g., around birth or the child's first birthday, around 3 months of age, when moms return to work after baby's birth, when family is moving or in transition, when family is in crisis, etc.